

# Claims Clues

A Publication of the AHCCCS Claims Department

April, 1999

## Vaccines for Children Program Updated

Providers must not use the new immunization administration CPT codes 90471 and 90472 when billing for vaccines under the federal Vaccines for Children (VFC) program.

Under the VFC program, providers are reimbursed a capped fee for administration of vaccines to Medicaid-eligible (Title XIX) recipients 18 years of age and younger.

Providers must bill the CPT code for the immunization with the AHCCCS-specific "VA" modifier that identifies the immunization as part of the VFC program. Because the vaccine is made available to providers, they must bill only for administration of the vaccine and not for the vaccine itself.

Seven CPT codes have been added to the VFC program effective with dates of service on and after January 1, 1999.

The new codes are:

90633 Hepatitis A (Maricopa County only)  
90634 Hepatitis A (Maricopa County only)  
90645 Hemophilus  
90646 Hemophilus  
90647 Hemophilus  
90648 Hemophilus  
90680 Rotavirus

The following CPT codes also are included in the VFC program:

90700 DTaP  
90701 DTP  
90702 DT  
90703 Tetanus  
90704 Mumps.  
90705 Measles

90706 Rubella  
90707 MMR  
90708 Measles/rubella  
90709 Rubella/mumps  
90710 MMRV  
90712 Poliovirus (OPV)  
90713 Poliovirus (IPV)  
90716 Varicella  
90719 Diphtheria  
90720 DTP-Hib  
90721 DtaP-Hib  
90744 Hepatitis B, pediatric  
90745 Hepatitis B, adolescent  
90747 Hepatitis B, dialysis or immunosuppressed  
90748 HepB-Hib

Influenza vaccines 90657, 90658, and 90659 are covered under the VFC program only for pediatric high-risk children. □

## Legal Counsel Needed to Cross-Examine at Hearings

Providers who wish to cross-examine witnesses and make opening and closing statements at AHCCCS hearings must be represented by legal counsel, according to an Arizona Supreme Court rule.

Providers may continue to appear as witnesses and present testimony without legal representation.

Arizona Supreme Court Rule 31 (a)(3) requires that no person shall practice law in Arizona unless that person is an active member of the State Bar. The effect of this rule is that providers may be witnesses and may give testimony.

However, opening and closing statements and cross-examination of witnesses can only be done when there is legal representation.

An exception to the rule for AHCCCS contractors and providers is being sought from the Arizona Supreme Court. Until that time, the rule stands for AHCCCS contractors and providers.

For further information, contact Charles Adornetto, assistant director of the AHCCCS Administration Office of Legal Assistance, at (602) 417-4195. □

**We've Moved**

**C**laims Clues has moved to a new location on the AHCCCS Web site on the Internet.

The Internet address for the AHCCCS home page is

[www.ahcccs.state.az.us](http://www.ahcccs.state.az.us).

To view recent issues of *Claims Clues*, select Resources, then Publications, then Newsletters. □

# Capped Fee Schedule Updated Effective April 1

The 1999 update to the AHCCCS fee-for-service capped fee schedule became effective on April 1, 1999.

Based on current utilization and

mix of services, the aggregate impact on fee-for-service payments as a result of these rate changes is estimated to be an increase of approximately 2.5 per

cent as compared to 1998 fees.

The impact of the update on fee-for-service claims utilization, assuming all things remain constant, is shown below. ☐

	<u>1999 FFS Impact</u>
Physician Fees <sup>1</sup>	-1.1%
OB Delivery Services <sup>2</sup>	11.6%
Family Planning Services	-4.0%
Radiology Services	0.2%
Diagnostic Laboratory Services	0.1%
Level 2 Services (DME/Medical Supplies)	0.0%
Dental Services	<u>8.7%</u>
AGGREGATE	2.5%

1. This decrease is attributed to a 3.1% decrease in surgical and a 1.8% increase in non-surgical payment allowances.
2. OB delivery service codes, 59400, 59409, 59410, 59510, 59514, and 59515, rates are rolled back to the 1997 FFS rates. Additional research is being done on these codes, and they may be adjusted again prior to April 1, 2000.

## New Ambulatory Van Rates Established

The AHCCCS Administration has established urban and rural base rates for ambulatory vans, effective with claims for dates of service on and after April 1, 1999.

AHCCCS also has revised the urban and rural mileage rates for ambulatory vans. These rates also are effective April 1, 1999.

The new base rate codes and capped fees are:

- Z3621 - Ambulatory Van, Urban Base Rate, \$6.00
- Z3648 - Ambulatory Van, Rural Base Rate, \$6.90

The new mileage rates are:

- Z3620 - Urban Non-emergency Transport Coach Van (per mile), \$1.10

- Z3643 - Rural Non-emergency Transport Coach Van (per mile), \$1.27

Urban transports are those that originate within the Phoenix and Tucson metropolitan areas. ☐

## Methadone Billing Limited to 4 Provider Types

AHCCCS policy allows only four provider types to bill for methadone administration.

Effective with dates of service on and after October 1, 1998, provider types 08 (MD-physician), 18 (Physician assistant), 19 (Registered nurse practitioner),

and 31 (DO-physician osteopath) may bill the AHCCCS Administration and its contracted health plans and program contractors for methadone administration.

In addition, these provider types must have category of service 47 – mental health.

Claims for methadone

administration from other provider types will be denied.

There are two AHCCCS-specific codes for methadone administration:

- W2101 - Methadone Administration (Single Dose)
- W2102 - Methadone Administration (Take Home) ☐

## Provider File Changes Require Authorized Signature

All requests to change provider information on file at AHCCCS must be submitted in writing and signed by the provider or the provider's authorized agent.

The name of the authorized signer must be on file with the AHCCCS Provider Registration Unit. Change requests submitted by someone not authorized by the provider cannot be accepted.

Failure to report changes to information on file may result in misdirected payments and correspondence, termination of provider status, and/or recoupment of payment. ☐

# Forms Allow Providers to Fix, Check Claims

**T**he Claims Customer Service Unit has developed two forms that enable providers to correct common claim errors and check on the status of claims.

The Claim Correction Request form allows providers to make the following corrections without resubmitting a new claim form:

- Zero fill Medicare and TPL information
- Enter Medicare amounts if provider faxes EOMB
- Change, add, or delete a procedure modifier
- Change, add, or delete diagnosis and revenue codes (This may cause the claim to re-edit for coverage, age and gender limits, etc.)
- Change or delete procedure and NDC codes (This may cause the claim to re-edit for coverage, age and gender limits, etc.)
- Change number of units
- Change or add bill type, admit date/type/source, coinsurance days, and dates of service

- Change or add dates of service (UB-92)
- Change dates of service (HCFA 1500)
- Change or add discharge hour
- Change or add patient status
- Change, add, or delete occurrence codes and dates
- Change, add, or delete condition codes
- Change or add place of service codes

Although these changes also can be made by calling Customer Service, providers may find it more convenient to use the Claim Correction Request form.

Providers may fax the form to Claims Customer Service at (602) 253-5472.

The form must include the provider's name, AHCCCS provider ID number, and the name of a contact person. The recipient's name and AHCCCS ID, claim date(s) of service, billed amount, Claim Reference Number (CRN), and the fields to be changed must

be included for each claim. Providers also may include comments or questions.

The Claim Status Request form allows providers to check the status of claims. Status checks can be provided for paid, denied, and in-process claims.

The form must include the provider's name, provider ID number, and the name of a contact person. The recipient's name and AHCCCS ID, claim date(s) of service, and the billed amount also must be included.

The Customer Service staff will research each claim, identify the CRN and claim status, and return the form to the provider.

Both the Claim Correction Request form and the Claim Status Request form may be obtained by calling Claims Customer Service:

(602) 417-7670 (Phoenix area)

(800) 794-6862 (In state)

(800) 523-0231 (Out of state)

Requests for the forms also can be faxed to Customer Service. □

## Cover Sheet Needed When Faxing PA Information

**P**roviders who fax documentation to the AHCCCS Prior Authorization Unit should ensure that a cover sheet accompanies the documentation.

The cover sheet should list the provider's name and AHCCCS

provider ID number, the name of a contact person, a telephone number (including area code) and a fax number.

This will enable an AHCCCS PA nurse to contact the provider in case additional information is needed

before services can be authorized.

Without such information, authorization may not be established, and claims may be denied.

The PA Unit's fax number is (602) 256-6591. □

## Documents Should Not Be Sent Directly to Med Review

**P**roviders should not send medical documentation, claims, or other documents to the AHCCCS Medical Review Unit unless specifically advised to do so.

Providers who submit documentation after submitting a claim should send the documentation to

the AHCCCS Claims Control Unit. The documentation will be imaged and linked to the claim.

Mailing or faxing documentation directly to the Medical Review Unit actually delays the review and adjudication of a claim. If the Medical Review Unit receives documentation from a

provider, it will be forwarded to the Claims Control Unit for imaging. The documentation will not be reviewed until it is imaged.

Providers should clearly indicate the AHCCCS Claim Reference Number (CRN) on the documentation to ensure that it is linked to the appropriate claim. □

# Health Plans by County

## APACHE COUNTY

Arizona Physicians, IPA 1-800-348-4058  
Family Health Plan of NE Arizona 1-800-448-3585  
Indian Health Service (602) 364-5139

## COCHISE COUNTY

Arizona Physicians, IPA 1-800-348-4058  
Mercy Care Plan 1-800-624-3879  
Indian Health Service (602) 364-5139

## COCONINO COUNTY

Arizona Physicians, IPA 1-800-348-4058  
Mercy Care Plan 1-800-624-3879  
Indian Health Service (602) 364-5139

## GILA COUNTY

Community Connection 1-800-747-7997  
Mercy Care Plan 1-800-624-3879  
Indian Health Service (602) 364-5139

## GRAHAM COUNTY

Arizona Physicians, IPA 1-800-348-4058  
Doctor's Health Plan 1-800-928-7801  
Indian Health Service (602) 364-5139

## GREENLEE COUNTY

Arizona Physicians, IPA 1-800-348-4058  
Doctor's Health Plan 1-800-928-7801  
Indian Health Service (602) 364-5139

## LA PAZ COUNTY

Arizona Physicians, IPA 1-800-348-4058  
Arizona Health Concepts 1-800-293-0039  
Indian Health Service (602) 364-5139

## MARICOPA COUNTY

Maricopa Managed Care System 1-800-582-8686  
Mercy Care Plan 1-800-624-3879  
Phoenix Health Plan 1-800-747-7997  
Arizona Physicians, IPA 1-800-348-4058  
CIGNA Community Choice 1-800-832-3211  
Health Choice Arizona 1-800-322-8670  
Indian Health Service (602) 364-5139

## MOHAVE COUNTY

Arizona Health Concepts 1-800-293-0039  
Arizona Physicians, IPA 1-800-348-4058  
Indian Health Service (602) 364-5139

## NAVAJO COUNTY

Arizona Physicians, IPA 1-800-348-4058  
Family Health Plan of NE Arizona 1-800-448-3585  
Indian Health Services (602) 364-5139

## PIMA COUNTY

Health Choice Arizona 1-800-322-8670  
Mercy Care Plan 1-800-624-3879  
Arizona Physicians, IPA 1-800-348-4058  
University Family Care 1-888-708-2930  
Pima Health System 1-800-423-3801  
Indian Health Service (520) 295-2550 or (602) 364-5139

## PINAL COUNTY

Community Connection 1-800-747-7997  
Mercy Care Plan 1-800-624-3879  
Indian Health Service (602) 364-5139

**In ZIP codes 85220 and 85242, recipients may be enrolled in one of the following plans:**

Arizona Physicians, IPA 1-800-348-4058  
CIGNA Community Choice 1-800-832-3211  
Health Choice Arizona 1-800-322-8670  
Phoenix Health Plan 1-800-747-7997  
Maricopa Managed Care System 1-800-582-8686

## SANTA CRUZ COUNTY

Arizona Physicians, IPA 1-800-348-4058  
Mercy Care Plan 1-800-624-3879  
Indian Health Service (520) 295-2550 or (602) 364-5139

## YAVAPAI COUNTY

Arizona Physicians, IPA 1-800-348-4058  
Mercy Care Plan 1-800-624-3879  
Indian Health Service (602) 364-5139

**In ZIP codes 85342, 85358, and 85390, recipients may be enrolled in one of the following plans:**

CIGNA Community Choice 1-800-832-3211  
Health Choice Arizona 1-800-322-8670  
Phoenix Health Plan 1-800-747-7997  
Maricopa Managed Care System 1-800-582-8686

## YUMA COUNTY

Arizona Physicians, IPA 1-800-348-4058  
Mercy Care Plan 1-800-624-3879  
Indian Health Service (602) 364-5139

# ALTCS Program Contractors

Arizona Physicians IPA (602) 274-6102  
Coconino, Graham, Yuma Counties  
Cochise Health Systems (520) 432-9481  
Cochise County  
(DES/DD) (602) 542-6866  
Statewide  
Maricopa Managed Care Systems (602) 681-8700  
Maricopa County

Pima Long Term Care (520) 512-5500  
Pima County  
Pinal County Long Term Care (520) 868-6775  
Pinal County  
Ventana Health Systems (602) 331-5100  
Apache, Gila, Greenlee, La Paz, Mohave, Navajo, and Santa Cruz Counties  
Yavapai County Long Term Care (520) 771-3560  
Yavapai County

# Tribal Case Managers

Navajo Nation (520) 729-4082  
Gila River (602) 528-1231  
Pascua Yaqui (520) 883-5180  
San Carlos (520) 475-2821

Tohono O'Odham (520) 383-6075  
White Mountain (520) 338-1808  
Native American Community Health (NACH) covers all other tribes (602) 265-7570